



UNITED STATES DEPARTMENT OF COMMERCE

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	APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO /TITLE
	09/473,710	12/29/90	THATCHER	S 1995-03
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\$	146 for 6	total claims	over 20.	
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Ann	licant must either suhm	ole dependent claim surd	narge. Is or cancel additional claims for wh	hich fees are due
	oath or declaration:	i ino additional olaim roo	o or ourse, additional oldinio for W	non reco are due.
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			63, including residence information	and identifying the application by
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			vith 37 CFR 1.63, identifying the ap	plication by the above
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